

South Carolina

AIDS Drug Assistance Program

TECHNICAL ASSISTANCE GUIDELINES

South Carolina
Department of Health and Environmental Control
Division of STD/HIV-Ryan White Services
October 2003

Table of Contents

Overview	1
I. Application for Services	1
Time Frames	1
II. Eligibility Determination	2
A. Residency	2
B. Economic Eligibility Criteria	2
1. Income Eligibility Limits	3
2. Recently Discharged Hospital Patients	4
3. Patients Who Lose Medicaid Benefits	4
4. Patients with Health Insurance Coverage for Prescriptions ...	4
5. Other Insurance or Pharmaceutical Benefits	5
C. Medical Eligibility Criteria	5
1. Documentation of HIV Infection	5
2. Initial Laboratory Reports.....	6
3. ADAP Formulary	6
4. Ongoing Laboratory Reports	6
5. Coordination with Case Management Services.....	7
III. Enrollment and Ongoing Eligibility	8
A. Wait List	8
B. Initial Enrollment Procedures	8
C. Recertification/Updates	8
D. Prescriptions	9
E. Drug Updates	9
F. Termination of Services	9
G. Change of Address	10
H. Non-Adherence/Failure to Request Medications	10
IV. Records Documentation and Retention	11
A. SC ADAP Records	11
B. Provider Records	11
V. City and County Jails, Department of Corrections	11
A. City and County Jails	12
B. Department of Corrections	12
C. Probation and Parole	13
VI. Out of State Physicians and Prescriptions	13
VII. Grievance Procedures	13
Types of Grievances	13
VIII. Security and Confidentiality	13
A. Security	14
B. Confidentiality	14

Table of Contents

IX.	Insurance Assistance Program	15
A.	Insurance Co-Pay	15
	1. Eligibility	15
	2. Time Frames	15
	3. Formulary	16
	4. Where to Get Medications	16
	5. Reimbursement Requests	17
	6. Losing/Getting Insurance	17
B.	Insurance Continuation	17
	1. Eligibility Process	17
	2. Eligibility Requirements	19
	3. Standards of Assistance	20
	4. Verification	21
C.	Billing Procedures for the Insurance Assistance Program	22
	1. Insurance Copay Patients	22
	2. Insurance Continuation Patients	24

APPENDICES

SC ADAP Formulary	
SC ADAP Central Pharmacy Application	
SC ADAP Insurance Application	
SC ADAP Sliding Fee Scale	
SC ADAP Medical Management Procedures	
SC ADAP Central Pharmacy Recertification Form	
SC ADAP Central Pharmacy Update Form	
SC ADAP Insurance Recertification Form	
SC ADAP Insurance Update Form	
SC ADAP Central Pharmacy Information for Release Form	
SC ADAP Insurance Information for Release Form	
HIV Drugs Stocked in Central Pharmacy and Their Usual Dosage	
Antidepressants Stocked in Central Pharmacy and Their Usual Dosage	
List of Opportunistic Disease Pharmaceuticals	
Glossary of Definitions and Acronyms	

Overview

The South Carolina AIDS Drug Assistance program (SC ADAP) was established under the Ryan White CARE Act to provide drugs to treat HIV disease and/or to prevent the serious deterioration of health arising from HIV disease in eligible individuals, including measures for the prevention and treatment of opportunistic infections and document the progress made in making the drugs available. The SC ADAP is operated through a centralized pharmacy and an insurance assistance program located at the Department of Health and Environmental Control. Currently 54 drugs are on the approved formulary. See appendix for the current list. During calendar year 2002, ADAP served 2,309 clients, 696 of whom were new clients during 2002. The SC ADAP has an advisory body of infectious disease (ID) physicians and program staff that meets annually to review the SC ADAP formulary and make recommendations for program improvements.

Mail *SC ADAP Central Pharmacy* applications, prescriptions, and correspondence to:

Central Pharmacy SP-16
P.O. Box 809
State Park, SC 29147-0809
Phone: 803-896-6250

Mail *SC ADAP Insurance* applications, invoices, and correspondence to:

Patti Sullivan
STD/HIV
Box 101106
Columbia, SC 29211
Phone: 803-898-0214

I. Application for Services

Applications to the SC ADAP may come from several sources. Applications may come from Ryan White Title II, III, or IV providers; private physicians offices; primary care facilities; or other clinics. Applications are available from the SC ADAP or local consortium.

The SC ADAP accepts and processes only applications that are filled out completely and accurately. Incomplete applications will be returned to the case manager or physician for completion. Application forms must be received in writing with original signatures. In emergency situations, with prior approval of the SC ADAP director, a faxed application may be accepted with the original application to follow immediately in the mail. Applications with a print date prior to 01/2003 will not be accepted due to their lack of HIPAA required language authorizing the release of patient information. The application print date can be found in the lower left-hand corner of the first page. Priority for acceptance is given to persons with lower CD4 counts or higher viral loads. If other circumstances warrant expediting, those circumstances must be written in the allocated space on the back of the application.

Time Frames

In general, all applications will be reviewed within 30 days of receipt. Approved applications will usually be activated within 60 to 120 days of receipt. Once a decision is made, patients, physicians, and case managers should receive written or electronic

notification within 10-15 working days of final determination of application status. Any changes to the application once submitted, will result in additional processing time.

II. Eligibility Determination

The patient is responsible for providing all proof of social and financial eligibility for the SC ADAP. The physician is responsible for providing all proof of medical information. Drugs may not be dispensed in any case until eligibility is confirmed medically and financially. A lack of health insurance pharmacy benefits must also be established. One-month certifications or one-day “emergency” certifications are not permissible with SC ADAP funds. If there are extenuating circumstances, please contact the SC ADAP. Otherwise the purchase of drugs will need to be handled by other resources until the SC ADAP application is approved. Other resources may include Ryan White Title II Consortia funding, Title III programs, pharmaceutical company drug assistance programs, or private pay.

A. Residency

The Ryan White CARE Act program is for outpatient, non-institutionalized individuals only. Persons under the care, custody, and/or control of the state or a corrections program are considered institutionalized. Therefore, persons living in prisons and hospitals are not eligible for ongoing services from the SC ADAP. One exception to this policy exists based on July 2001 revisions to the CARE Act. The SC ADAP issued a letter on April 10, 2002 informing the South Carolina Association of Counties that, effective immediately, the SC ADAP will be able to supply medication to pretrial detainees who are currently receiving their HIV medication through the SC ADAP on a regular basis. See Section V. A. for clarification. In order to be eligible for the SC ADAP, applicants and recipients must be living in the state of South Carolina at the time of application. Persons who reside elsewhere are not eligible. Applicants do not have to document citizenship or immigration status in order to be eligible for program services. However, such non-documented applicants must have been living in South Carolina for a minimum of three months (Exceptions to this rule may be made on a case by case basis). Arrangements to allow a South Carolina patient to have a limited supply of medications for an out-of-town trip may also be made on a case-by-case basis.

B. Economic Eligibility Criteria

A patient’s household income is one of the primary criteria used to determine eligibility for SC ADAP. Income must be documented in writing in the patient’s record. Income of the applicant and his/her spouse and legal dependents is counted in determining financial eligibility, to include:

Salaries
Wages

Tips
Business Profits

Public Assistance	Rents, Interest, Dividends
Sick Pay	Scholarships
Royalties and Commissions	Child Support
Alimony	Workers' Compensation
Net earnings from self employment	Pensions
Unemployment Compensation	Annuities
Veteran's Benefits	Help from relatives and others
Social Security cash benefits	Gambling/Lottery winnings

At the first enrollment and subsequent recertifications, the patient must document all household income for all dependent household members. Acceptable documentation includes paycheck stubs for the past month; signed employer statements with name of employer, date, position, and phone number; Earnings Statement from the Social Security Administration; Social Security Award letters; SSI; AFDC; Food Stamp letters; military benefits; retirement income; or other employment income. Documentation of income must be retained in local provider files. Documentation of household income may be requested for the update and recertification forms and will be retained in ADAP files.

If a patient states that he/she has had zero or extremely low income coming into the household for more than a few months there needs to be a notation in the provider records as to how food, shelter, and utilities are being managed. This may be explained if the patient lives with someone rent-free, lives in a migrant camp, or uses a homeless shelter, and receives food stamps. Such situations may call for involving a case manager, if the patient does not have one.

A patient who is currently unemployed is not required to provide documentation of previous income. However, he/she should be encouraged to file for unemployment compensation benefits. When a patient states he/she has no income, self-certification, with documentation in local provider files, is acceptable only if there is no other means of verification available.

1. Income Eligibility Limits

Income equal to or less than 300 percent of the current federal poverty guidelines is required for program eligibility in order to receive medications at no cost. **Please note:** A sliding fee scale based on current federal poverty guidelines will be used to determine other eligibility for patients who have income in excess of 300 percent. A copy of the current SC ADAP Sliding Fee Scale may be found in the appendices of this guideline. Poverty guidelines are revised annually; therefore it is important to make sure that current guidelines are used.

For SC ADAP eligibility purposes, household is defined only as the patient, the patient's spouse, dependent children or adult dependents. If parents are providing total support and claim an adult dependent as a legal

dependent and deduction on their income tax forms, then their income should be included. There may be household combinations with other relatives or friends. A person with no dependents, living with a friend who is providing only food and shelter, would be counted as a household of one. The only income considered would be that of the patient. In the case of a patient and his spouse with two children, the income of both persons would be counted for a household of four. The income for all of the persons the patient claims, as a dependent for SC ADAP eligibility purposes, must be included when making the determination.

2. Recently Discharged Hospital Patients

SC ADAP currently does not have a wait list. If the wait list is reinstated because of funding limitations, patients who have been hospitalized and are discharged from the hospital on antiretroviral drugs will be expedited into SC ADAP. This will be done so a patient will not have the drug regimen interrupted, even if he/she is unable to provide immediate documentation of income. Please note that the patient must currently be taking the drugs. He/she is permitted to enroll in the program based on self-declared income and given ten (10) workdays to provide documentation of income as specified in this guideline. Drugs are to be provided based on this self-declared income for the first month of eligibility. If the patient was not discharged on any drugs and is not currently taking any drugs of any type, then regular application requirements and time frames apply. It is the responsibility of the person completing the enrollment to check with the patient to determine if he/she was discharged from the hospital on any type of drug treatment.

3. Patients Who Lose Medicaid Benefits

A patient who loses Medicaid benefits may be able to enroll in the SC ADAP.

4. Patients with Health Insurance Coverage for Prescriptions

A patient with health insurance that covers SC ADAP drugs is not eligible to receive his/her drugs from Central Pharmacy, but may be enrolled in the SC ADAP Insurance Assistance Program to receive assistance with payment of copays, deductibles, and premiums. (See IX. Insurance Assistance Program.) The financial and medical eligibility requirements for the Insurance Assistance Program are the same as for patients without insurance. Eligibility in the Insurance Continuation Program differs in that the financial requirements do not allow for a sliding fee scale and that there is a cap on liquid assets. A patient's household income must be equal to or less than 300% of the federal poverty guideline and must have less than \$10,000 in liquid assets (page 20) to qualify financially. A SC

ADAP Insurance application will need to be completed in order to enroll in these programs.

In certain cases, if a patient has health insurance with **limited** pharmacy benefits, he/she may be eligible to receive their drugs from Central Pharmacy. This includes a patient who has a low financial cap on pharmaceutical benefits. The financial and medical eligibility requirements are the same as patients without insurance and a SC ADAP Central Pharmacy application will need to be completed in order to enroll.

5. Other Insurance or Pharmaceutical Benefits

To receive SC ADAP services, a patient must demonstrate ineligibility for Medicaid, Medicare, Veterans Affairs, or any other program that reimburses for drugs. A patient who appears to be eligible for Medicaid should be referred and required to follow through with the eligibility determination.

At this time, a patient who is receiving Medicaid is not eligible for this program with one exception. If a female patient is receiving Medicaid benefits for the purpose of family planning coverage only, she is eligible for the SC ADAP.

If a patient appears to be Medicaid eligible, he/she must be referred for eligibility determination, and must follow through on the referral. A patient may be enrolled in SC ADAP during the referral and Medicaid application/eligibility determination process. If a patient on the SC ADAP subsequently becomes Medicaid eligible, the patient should have his/her prescriptions filled at a local pharmacy. The patient must be closed from the SC ADAP immediately once Medicaid services become available.

Should a patient not follow through with the Medicaid application, his/her case manager should be contacted to assist in resolving the situation. A patient who refuses to follow through with a Medicaid application, or who refuses to use Medicaid and/or private insurance pharmacy benefits is not eligible for SC ADAP.

C. Medical Eligibility Criteria

Effective August 2001, CD4 count and viral load criteria were eliminated as eligibility criteria. Existing criteria are as follows:

1. Documentation of HIV Infection

A patient must have a documented HIV infection or AIDS in order to be medically eligible for the program.

2. Initial Laboratory Reports

If antiretroviral drugs are to be prescribed, current Department of Health and Human Services/National Institutes of Health (DHHS/NIH) Guidelines should be followed with regard to obtaining viral load values and CD4 counts prior to initiation of treatment. It is expected that generally accepted treatment protocols would be followed. This is applicable to both public and private physicians. Any unusual practices or “off label” treatments need to be discussed with the SC ADAP pharmacists or ID Medical Consultant (see SC DHEC STD/HIV Division, AIDS Drug Assistance Program (ADAP) Procedures in the appendices).

3. ADAP Formulary

The formulary for the SC ADAP consists of all of the currently FDA approved anti-retroviral medications as well as other drugs deemed necessary for the treatment and quality of life of the HIV patient (See appendix for the current list). This list included antivirals, antifungals, drugs used in the treatment of mycobacterium avium complex (MAC), toxoplasmosis, CMV retinitis, PCP, and antidepressants. As a federally funded program, ADAP must closely monitor our expenditures to ensure budget compliance. Should funding become limited, ADAP may have to institute access restrictions. These restrictions could range from limiting the formulary, reduced financial eligibility criteria, and imposed cost sharing, to capping enrollment of new patients.

4. Ongoing Laboratory Reports

The SC ADAP recommends that a patient receive laboratory evaluations while undergoing treatment. These evaluations should be in accordance with the National Institutes of Health Guidelines. Baseline viral load and CD4 lab values should be obtained prior to the start of antiretroviral therapy (ART) and then twice a year thereafter.

Treatment guidelines are not intended to replace the judgment of a physician. The decision to prescribe certain treatments lies with the physician and the patient. However, it is expected that the current recommended protocols would be used for determining treatments. It is also expected that drug protocols will be in keeping with currently accepted practices and any guidelines set forth by the SC ADAP. Certain contraindicated drug combinations may not be dispensed without the approval of the SC ADAP medical consultant. If there are any questions, contact the SC ADAP.

Applications must be completed in their entirety before submission to SC ADAP. The patient and the case manager should complete the front of the

application. The physician should complete the back of the application, to include checking medications being prescribed. The ideal treatment regimen for a patient is one in which the patient receives medications consistent with PHS guidelines.

If a patient chooses not to take HIV medications, this should be documented in his/her chart. In October 2001, a revision to the ADAP guidelines eliminated the requirement for medical review when Opportunistic Infection-related medications are ordered in the absence of HIV meds. See attached updated ADAP Application Medical Management Procedures.

Anti-depressants are authorized for HIV infected clients who are not currently on anti-retroviral therapy for up to two years. It is hoped that the use of anti-depressants will enable clients to successfully begin anti-retroviral therapy in the future. Clients requiring only anti-depressants for longer than two years will be reviewed on a case-by-case basis.

5. Coordination with Case Management Services

At every opportunity, SC ADAP services should be coordinated with case management services. The case manager should be involved in assisting the patient to enroll in SC ADAP and access other needed services.

There are two types of case managers indicated on the SC ADAP Application dated 01/2003:

Referring Case Manager: **The nurse or social worker that will serve as ADAP's point of contact and be responsible for actively monitoring the progress and adherence of the patient.** The Referring Case Manager should be involved on a regular basis to assist the patient in remaining enrolled in the drug program and in applying for other benefits that might provide drug coverage, such as Medicaid. The case manager would also assist the patient in adhering to his/her drug regimens. When a patient fails to call for refills, the case manager and/or the medical care staff may be alerted. The SC ADAP staff, medical professionals, and the case manager should act as a team to support the patient in order to assure adherence to treatment and access to needed services.

Case Manager if not the Referring Case Manager: Usually a nurse or social worker that is only assisting in filling out the ADAP application for the patient and will not be responsible for adherence. In such instances, the only signature required will be on the front of the application as a witness. In most cases, the application will be forwarded to the nurse or social worker that will actively monitor the patient.

III. Enrollment and Ongoing Eligibility

A. Wait List

In August 2001, the SC ADAP wait list was discontinued. This wait list will be reinstated if necessary due to limited funding.

It is recommended that, whenever possible, a physician delay starting drugs until acceptance into the SC ADAP has been approved.

B. Initial Enrollment Procedures

This procedure is to be used for first time applicants. It is also used for a patient who has been closed from the SC ADAP. For enrollment, an application is completed and sent to the SC ADAP.

Note: For initial application and recertification, a case manager, nurse, physician, or other unrelated person is never permitted to sign a patient's name, or sign in the place of the patient for any reason. A caretaker or spouse may not be allowed to sign, unless the patient is completely physically incapacitated and cannot sign his/her name. There must be written justification for caretaker or spouse signatures in the patient's record. A court-appointed guardian may sign for an individual who has been adjudicated incompetent by a judge and a copy of the court order must be placed in the patient's file. Someone with Power of Attorney for Health Care may sign for an individual and a copy of the Power of Attorney must be placed in the patient's file.

C. Recertification/Updates

ADAP will require patients to recertify once a year on their birth date. The recertification will include the most recent CD4 and viral load. Recertification forms should be returned within thirty days of receipt. The process of filling out recertification forms is the same as filling out initial applications with the exception of only needing one signature on the recertification form. The provider assisting in filling the form out should sign the recertification form. Patients who do not recertify annually will be removed from the SC ADAP.

Updates will be required six months after recertification. The update form will be mailed to the patient by the SC ADAP and must be returned to the SC ADAP upon receipt. In order to remain eligible for the SC ADAP, all items on the form must be completed. Failure to return the form may jeopardize patient eligibility. Patients who do not return updates will be removed from the SC ADAP after the third request.

D. Prescriptions

Prescriptions will be filled on a monthly basis with two refills. New prescriptions from the physician need to be sent to SC ADAP every three months.

E. Drug Updates

Drug Updates are submitted when there is change in a patient's medication regimen in between recertifications. For example, a patient is started on a combination of three drugs at the time of enrollment or eligibility recertification. Two months later, one or more of the drugs is discontinued in order to substitute a different drug. Procedures for drug updates are as follows:

- Case managers or physicians' offices will submit new prescriptions to ADAP. When new prescriptions are submitted, information concerning discontinued medications and/or additions to therapy is needed in Central Pharmacy. If this information is not submitted, ADAP will call the physician.
- If a physician prescribes a sub-standard or off label therapy, ADAP may require periodic lab results in order for a patient to get drugs through ADAP. If this is a new patient, previous laboratory results, or a copy of published documentation of therapy (e.g. peer review journal article, abstract, or study that is ongoing) may be required.

F. Termination of Services

Termination of services from the SC ADAP may occur for a number of reasons:

- The patient has been determined eligible for Medicaid benefits;
- The patient has obtained Tricare or VA benefits with prescription drug coverage for HIV drugs;
- The patient's income rises to more than 550 percent of the current poverty level;
- The patient moves out of the state of South Carolina or cannot be located;
- The patient does not reside in the state of South Carolina;
- The patient goes to prison (see Section V. A. for clarification of status of pretrial detainees);
- The patient has a poor adherence record requiring adherence intervention on three separate occasions;
- The patient fails to request medications in any 90 day period, and is refusing to adhere to the medication regimen despite counseling and support or other assistance offered;
- It is discovered that the patient failed to report substantial income that made him/her ineligible at the time of application or subsequent to application;
- The patient fails to provide necessary proof of eligibility;
- The patient dies.

When a patient is terminated from the program, the date and reason for termination will be documented in the SC ADAP record.

G. Change of Address

For patients who move within the state, there are no changes in SC ADAP services. When a patient calls the SC ADAP, his/her address will be verified prior to any additional dialogue. This is important for verification that the person on the phone is the person enrolled in the program. Further verification such as date-of-birth or social security number may be required if deemed necessary to establish identification.

H. Non-Adherence/Failure to Request Medications

A patient who fails to request drugs within a 90-day period may be automatically terminated. If pharmacy records show that a patient has gone extended periods between refills, an adherence letter will be sent to the patient, physician, and case manager, if the patient has one. The letter states the date of non-adherence, and requests an explanation of non-adherence. A written reply to this letter must be sent to the SC ADAP. If a physician discontinues a patient's medications, the physician or case manager must inform the SC ADAP of the termination of medications, or the patient will be terminated from the program. The patient must keep physicians' appointments in order to remain enrolled in the program.

The SC ADAP 3rd Strike Program is outlined below:

Strike 1 - After a client has been closed for non-compliance for the first time, they may reapply to the ADAP program at any time that they feel ready and able to stay adherent, but must first complete a two month "getting ready period." During this time they should receive additional adherence counseling from their case manager.

Strike 2 - Should they be removed a second time for non-compliance, the client can again reapply when they feel that they are ready and able to stay adherent, but must complete an additional three months of more intensive adherence counseling from their case manager.

Strike 3 - Should the client be removed again for non-compliance after a third activation on the program, any future reapplications would require a letter of appeal from the physician. The ADAP Pharmacists and the HIV Medical Consultant will review documentation of changes in the client's life and ability to adhere to the medication regimen on a case-by-case basis. The intent is to allow patients who have experienced significant changes in lifestyle, resulting in an apparent increased capacity to adhere to a complex drug regimen, to be given an additional opportunity to demonstrate compliance. Physicians will be notified in writing of the final determination of application status.

IV. Records Documentation and Retention

A. SC ADAP Records

Application and recertification forms, as well as copies of correspondence and prescriptions, will be maintained in SC ADAP files.

Records of any deceased patients will be retained for four years after the patient's death, and reviewed by SC ADAP staff before being destroyed. Other patient records will be retained for 10 years after the last time the patient receives services from SC ADAP and until no longer needed for reference, then reviewed by SC ADAP staff before being archived or destroyed.

B. Provider Records

Documentation of HIV infected status, CD4 counts, viral loads, financial status, Medicaid review and referral, patient information forms, and copies of each signed application must remain with the patient's record. The SC ADAP will conduct yearly random samples of current ADAP patients. The selected patients will be asked to provide the ADAP with their current household financial documentation. ADAP will document patients' responses and verify patients' financial eligibility for the drug assistance program. ADAP will review the policy after one year. SC DHEC requires providers to retain records for four years after the end of the contract period, and records shall be available for audit and inspection at any time such audit is deemed necessary by SC DHEC. If an audit has begun but is not completed at the end of the four-year period, or if audit findings have not been resolved at the end of the four-year period, the records shall be retained until resolution of the audit findings.

V. City and County Jails, Department of Corrections

Once an individual is incarcerated, the jail or prison is legally responsible for that individual's room, board, and medical care. Individuals who are incarcerated are residing in institutions, and are not eligible for SC ADAP services. When an individual is incarcerated, he/she must be terminated from the program. This provision applies to all city and county jails, state and federal prisons. One exception to this policy exists based on July 2001 revisions to the CARE Act that supports the use of CARE Act funds for transitional social support and primary care services for incarcerated persons for a brief period. The SC ADAP issued a letter on April 10, 2002 informing the South Carolina Association of Counties that, effective immediately, the SC ADAP will be able to supply medication to pretrial detainees who are currently receiving their HIV medication through the SC ADAP. This will be dependent upon the availability of federal funding for this program.

A. City and County Jails

Any patient incarcerated in a city or county jail must be terminated immediately from the SC ADAP. The exception to this policy described above allows for pretrial detainees who are currently receiving their HIV medication through the SC ADAP and, are in good standing with the program, to receive medications for a period of up to 180 days. If other funding for medical treatment becomes available to county/city detention facilities, it will be the responsibility of the facility in which the detainee is being held to notify SC ADAP immediately. If the SC ADAP provides medications to pretrial detainees, no additional charges are to be assessed by local jails for dispensing these medications. A detainee would take any medications with him upon release. Also, SC ADAP must be notified prior to release of the inmate in order to adequately provide for discharge planning and transition to another care provider. This policy will be dependent upon the availability of federal funding for this program.

It is permissible for a Ryan White case manager to do “transitional” case management with an inmate to be released within 30 days.

B. Department of Corrections

Any patient incarcerated in a Department of Corrections (DOC) correctional facility, including those under contract to any state or municipal entity, must be terminated immediately from the SC ADAP. It is permissible for a Ryan White case manager to do “transitional” case management with an inmate about to be released within 30 days.

The SC DHEC and DOC have developed a protocol that provides assistance for HIV infected patients on drug regimens who are discharged from DOC facilities and are unable to procure drugs from other resources. The protocol is as follows:

- The patient must be on an HIV medication regimen prior to release from the DOC.
- The DOC initiates arrangements at least 30 days prior to release of the patient.
- The DOC discharge planner will contact the local consortium to facilitate the application being filled out and prescriptions obtained for patient.
- The DOC is responsible for making arrangements for a 30-day supply of drugs to be given to the prisoner at discharge.
- The patient is responsible for making contact with the local consortium to complete enrollment into SC ADAP and obtain necessary drugs within 30 days of discharge.
- If the patient does not follow through by contacting the consortium within 30 days of discharge, he/she will be subject to the same enrollment and wait list (if applicable) procedures as any other individual applying for services.

- Eligibility update/recertification and all other SC ADAP policies and procedures apply to these patients.

C. Probation and Parole

Persons who are on probation or parole are eligible for SC ADAP services since they are living in the community. These individuals are not in the care or custody of a jail or prison system, although they may be reporting to a parole or probation officer. Persons who are on House Arrest will need to be dealt with on a case-by-case basis.

VI. Out of State Physicians and Prescriptions

Prescribing physicians, with one exception, are to be licensed to practice in the state of South Carolina. A patient who sees physicians in bordering states of North Carolina and Georgia may continue to obtain medications from SC ADAP as long as he/she meets the SC ADAP eligibility criteria.

VII. Grievance Procedures

Types of Grievances

- A. Consumers may express their dissatisfaction with the SC ADAP.
- B. Providers/agencies may express dissatisfaction with the SC ADAP.

If a consumer, provider or agency wishes to address a concern with a SC ADAP policy, the following procedure is recommended:

- The consumer, provider or agency is requested to address the concern immediately with SC ADAP staff or the Ryan White Title II Program Manager.
- Staff will respond to or address the concerns expressed in a timely manner either verbally or in writing.
- In the event that the staff cannot resolve the issue, he/she will document and forward the concern to his/her supervisor.
- If necessary, the Supervisor will review the concern with the STD/HIV Division Director and management team, determine the appropriate response and communicate that response to the staff.

VIII. Security and Confidentiality

A. Security

1. The physical location of SC ADAP is maintained in a secure manner. Staff are required to keep doors secure and deliveries are made at an entrance that does not provide access to files. All staff are oriented to appropriate security when answering phones, etc.
2. Client files are maintained in a secure manner within the SC ADAP. Visitors to the SC ADAP must remain in the public area at all times, unless escorted by a staff member to a location within the office that is clear of confidential files, records, or information.
3. SC ADAP matches client files against Medicaid files on an individual basis before each prescription is filled and on the entire ADAP population on a monthly basis to ensure that approved Medicaid patients can be removed from the active SC ADAP roster in a timely manner. Names, dates of birth and Social Security Numbers are used to do the match. Security is ensured during this process.

B. Confidentiality

1. All staff are oriented to appropriate confidentiality precautions when answering phones, talking to clients or other staff, etc. Each staff member signs a confidentiality statement. All staff must use discretion and should not discuss sensitive office issues, records or patient cases with anyone other than those involved in SC ADAP. Any known or suspected breaches of confidentiality will be immediately documented and brought to the attention of the employee's immediate supervisor. The Division Director will initiate and direct an appropriate course of action. HIV patient information may only be released to outside persons or agency representatives when the patient signs a properly completed release form.
2. Computers are password protected. The *Provide* database will be used in all electronic communications when clients are being referred to since the transmission is encrypted and thus secure. Faxes containing patient identifying information may be received at both Central Pharmacy and the Insurance Program, since secure fax machines are available. Internal and external documents must not contain the words HIV and/or AIDS except when necessary. Information with patient names and/or any other identifying information that is no longer needed must be shredded.
3. All statistical data released by the SC ADAP must be carefully scrutinized to be sure that no individuals can be identified. The Program Director should designate staff authorized to release statistical and other general information; persons without such authorization should refer queries to an authorized individual.

IX. Insurance Assistance Program

At the first enrollment and subsequent recertifications, the patient must document all household income for all dependent household members. Acceptable documentation includes paycheck stubs for the past month; signed employer statements with name of employer, date, position, and phone number; Earnings Statement from the Social Security Administration; Social Security Award letters; SSI; AFDC; Food Stamp letters; military benefits; retirement income; or other employment income. Documentation of income must be retained in local provider files. Documentation of household income may be requested for the update and recertification forms and will be retained in ADAP files.

If a patient states that he/she has had zero or extremely low income coming into the household for more than a few months there needs to be notation in the provider records as to how food, shelter, and utilities are being managed. This may be explained if the patient lives with someone rent-free, lives in a migrant camp or uses a homeless shelter, and receives food stamps. Such situations may call for involving a case manager, if the patient does not have one.

A patient who is currently unemployed is not required to provide documentation of previous income. However, he/she should be encouraged to file for unemployment compensation benefits. When a patient states he/she has no income, self-certification, with documentation in local provider files, is acceptable only if there is no other means of verification available.

A. Insurance Copay

Purpose: To pay out of pocket expenses, to include copays and deductibles, for patients with health insurance coverage for prescriptions.

1. Eligibility

- a. The financial and medical eligibility requirements are the same as those without insurance.
- b. Applications must be made in writing on a form prescribed by the SC ADAP. SC ADAP Insurance Applications may be obtained from the ADAP or one of the local providers. Attach a copy of the front and back of the insurance card to the application.

2. Time Frames

In general, all applications will be reviewed within 30 days of receipt. Approved applications will usually be activated within 60 to 120 days of receipt. Once a decision is made, patients, physicians, and case managers should receive written or electronic notification within 10-15 working

days of final determination of application status. Any changes to the application once submitted, will result in additional processing time.

Patients must make arrangements to get their medications through other means until their SC ADAP application has been activated and they or their case manager receive an acceptance letter in the mail. Unless previously arranged through the provider or other means, the acceptance letter will instruct the patient to contact the SC ADAP to arrange for coverage.

3. Formulary

Reimbursement can only be made for medications on the SC ADAP Formulary (see attached). This is the same formulary that the SC ADAP Central Pharmacy uses.

4. Where to Get Medications

- a. Insurance patients cannot get their medications from the SC ADAP Central Pharmacy. They may select a pharmacy of their choice but the pharmacy they select must be willing to bill the SC ADAP for the patient's out of pocket expenses. The exception to this rule is if the patient must use a certain pharmacy and that pharmacy will not bill the SC ADAP for the copay, e.g., CVS, Eckerd's, Wal-Mart, etc., the patient must pay his/her out of pocket expenses then mail the receipts to the SC ADAP for reimbursement.
- b. Providers may make payment arrangements for medications then bill the SC ADAP for reimbursement.
- c. Patients should not be sent to any pharmacy to pick up medication before the SC ADAP has arranged for coverage. To do so may jeopardize reimbursement of that medication. Medications picked up prior to the acceptance date of the SC ADAP application cannot be reimbursed.
- d. After the SC ADAP has arranged for coverage with a pharmacy, the patient must contact the SC ADAP immediately if they wish to use a different pharmacy. Changing pharmacies without notifying the SC ADAP may result in jeopardizing reimbursement of that medication. The SC ADAP does not need to be notified if the patient is getting his/her medications through the provider and arrangements have been made for the SC ADAP to reimburse the provider.

5. Reimbursement Requests

Insurance reimbursement requests will be processed within 45-60 days of receipt, depending on staff availability. From that point, it will take an additional 2 - 3 weeks to receive a check.

6. Losing/Getting Insurance

- a. If a patient loses his/her insurance, please notify the SC ADAP immediately. The patient may be eligible to receive his/her medications from the SC ADAP Central Pharmacy.
- b. If a patient is currently receiving his/her medication from the SC ADAP Central Pharmacy and becomes eligible for insurance, please notify the SC ADAP immediately to arrange for insurance reimbursement coverage.

B. Insurance Continuation

Purpose: To pay insurance/COBRA premiums for patients at risk of losing insurance due to the inability to afford payments or for losing job/insurance benefits.

The SC ADAP must show overall cost effectiveness of the program. For instance, the cost of paying premiums for patients must overall be less than the cost of medications to Central Pharmacy. Also, the patient's insurance policy drug formulary must be equivalent to the SC ADAP Formulary.

Providers must be able to demonstrate adherence for three months prior to approval into this program. This can be accomplished by looking at the refill history if the patient has been getting HIV medications at either a local or mail order pharmacy, through the local Consortium, or through Central Pharmacy. If the patient has not been on HIV medications, the provider should not apply the patient to this program until adherence can be established.

1. Eligibility Process

a. Applications

- (1) Applications must be submitted on the SC ADAP Insurance Application dated 01/2003 or later. Applications may be obtained from the SC ADAP or one of the local providers.
- (2) Attach copies of the front and back of the patient's insurance card, insurance policy (if possible), and the drug formulary or verification of the SC ADAP Formulary.

Applications cannot be processed without verification of the drug formulary.

- (3) If you are unable to obtain the insurance policy drug formulary, try the following: (1) ask a local pharmacy to run the medications being prescribed from the SC ADAP Drug Formulary that the patient will be on. If those medications are allowed, attach documentation to the application; (2) if the patient is currently on medications, get the current pharmacy to run a Pharmacist Statement showing eligibility and attach documentation to the application.

b. Beginning and Ending Dates

- (1) Assistance begins, if the individual is eligible and approved, effective the first day of the period covered by the first premium due date following the date of application. For instance, if payment is due August 1st for the period of August 1 – 31, the effective date would be August 1st.
- (2) Assistance is discontinued on the last day of the month in which eligibility ends.

c. Time Frames

The SC ADAP will process the completed application within 30-45 days of receipt, provided that the necessary information is received in a timely manner.

d. Approval/Denial

Once a decision is made, patients, physicians, and case managers should receive written or electronic notification within 10-15 working days of final determination of application status. Any changes to the application once submitted, will result in additional processing time. **Only those applications that appear to be cost effective and have formularies equivalent to the SC ADAP formulary will be approved.**

e. Certification Period

Certification continues until such a time, as the individual is found ineligible through periodic review of the update/recertification form or other eligibility evaluation.

2. Eligibility Requirements

The individual must furnish necessary information to determine eligibility at the time of initial application and at the times of periodic review of eligibility.

a. Age

There is no age limit at present. This will be evaluated by cost effectiveness of the program.

b. Criteria

- (1) The individual must be diagnosed by a physician as having HIV disease and must currently be on antiretroviral therapy at least 3 months prior to being applied to the program.
- (2) The individual must be covered by health insurance (group or individual) before becoming eligible for this program.
- (3) An individual whose medical bills for treatment of HIV disease affect his financial ability to pay his/her individual health insurance premiums may apply for this program.
- (4) The program pays insurance premiums on behalf of an eligible individual only for as long as the individual qualifies for insurance coverage (i.e., COBRA or individual conversion coverage). This program is for patients with health insurance only; it does not pay for life or dental insurance.
- (5) If an individual has third party funding as an interim to final medical disability determination (i.e., Social Security Disability), then that individual may apply for the program during the medical disability determination period.

c. Citizenship

There is no citizenship requirement.

d. Residency

Must be a resident of South Carolina.

e. Income Assets

- (1) The income standard is an amount equal to or less than 300% of the federal poverty level for the appropriate family size. The income standard will be reviewed on an annual basis.
- (2) There is no sliding fee scale. If the household income exceeds 300% of the federal poverty level, this program cannot pay for his/her health insurance.
- (3) The individual or couple must have less than \$10,000 in counted assets. Assets include only the following liquid assets:

Cash on hand	Bonds
Bank accounts	Mutual Funds
Stocks	Severance pay

An asset owned jointly by the individual or couple and another person is considered as belonging entirely to the individual or couple unless proven otherwise.

3. Standards of Assistance:

a. Standard of Assistance for Eligibility

- (1) The income standard is equal to or less than 300% of the federal poverty level for the appropriate family size.
- (2) If the patient's physician orders a medication hold, the SC ADAP medical consultant, on a case-by-case basis, will evaluate continuing eligibility.
- (3) If the patient voluntarily stops taking medications, he/she will be dropped from the program and the responsibility for making premium payments will return to the patient.

b. Standard of Assistance for Benefit Amount

- (1) The standard of assistance is equal to the premium that would be charged to an individual at the same level as immediately prior to the continuation.
- (2) If the individual's medical insurance premium includes an amount for family coverage, the SC ADAP pays only that portion covering the individual.

4. Verification:

a. Eligibility Requirements

- (1) Under group or individual insurance coverage, the individual must verify that he/she is HIV infected.
- (2) The individual must verify that he/she is eligible for continuation of health insurance coverage.

b. Assets

The individual must verify the value of counted assets, which he/she, or couple, if any, own. The patient's signature on the SC ADAP Application serves to verify this information.

c. Standards of Assistance

- (1) The individual must verify the amount of the premium that he/she is required to pay for continuation of health coverage.
- (2) If the insurance cost includes an amount for dependents, the individual must verify the amount that is required for continuation of insurance for the individual only.

d. Income Eligibility

- (1) The individual must verify the gross income that he/she, or family, if appropriate, has or expects to have during the certification period.
- (2) The individual must verify the amount of insurance premiums and medical expenses that may be used to meet asset eligibility that he/she, or family, if appropriate, is responsible.
- (3) For SC ADAP eligibility purposes, household is defined only as the patient, the patient's spouse, dependent children or adult dependents. If parents are providing total support and claim an adult dependent as a legal dependent and deduction on their income tax forms, then their income should be included.

In order for the SC ADAP to approve payment of insurance premiums, the insurance policy must be reviewed and found that the insurance policy formulary is at least as comprehensive as the SC ADAP Formulary. Payments for insurance premiums must be less than the SC ADAP cost of prescription drugs in the aggregate.

C. Billing Procedures for the Insurance Assistance Program

1. Insurance Copay Patients

a. Reimburse Consortium (as selected on the SC ADAP Insurance Application)

- (1) After a patient has been approved for the Insurance Copay Program, ADAP may contact the agency making the copay payments to confirm billing arrangements.
- (2) An acceptance letter will be mailed/e-mailed to the Consortium only.
- (3) The agency making the copay payments can then invoice ADAP for reimbursement. The billing start date is the date of acceptance into ADAP, as is indicated in the acceptance letter.
 - (a) Reimbursements can only be made for medications on the SC ADAP Formulary.
 - (b) Required billing information includes: patient name, date of service, prescription number, name of medication, strength, NDC code, quantity prescribed, number of days supplied, name of prescribing physician, prescription price, copay amount, and the pharmacy name, address and phone #.
 - (c) Billing Requests: A separate pharmacist statement is required on each patient. It will not be necessary to send a separate invoice or to include the actual prescription tickets. *Documentation of eligible charges must be retained in local consortium files.*
 - (d) ADAP should be billed on a monthly basis.
- (4) Reimbursement requests will be processed within 45-60 days of receipt, depending on staff availability. It will then

take an additional 2-3 weeks to receive a check. *Please note that the state does not pay late fees, interest, or penalties on overdue accounts.*

b. Reimburse Pharmacy (as selected on the SC ADAP Insurance Application)

- (1) After a patient has been approved for the Insurance Copay Program, ADAP will work with the patient to arrange for coverage. Once ADAP has a copy of the Pharmacy Enrollment form, the front and back of the insurance card, Patient Agreement form, and a Release of Information form (when appropriate), the selected pharmacy will be contacted to arrange for billing. *Billing arrangements cannot be made without these documents.*
- (2) Once arrangements have been made for a pharmacy to bill ADAP for the patient's copay and deductible, ADAP will give the pharmacy the patient's demographic information over the telephone, to include date of birth and social security number. The patient's acceptance letter, a copy of the insurance card, and the Patient Agreement form will then be faxed to the pharmacy. The pharmacy billing start date is the date of acceptance into ADAP, as is indicated in the acceptance letter.
- (3) ADAP will then notify the patient, either by mail or by phone, of the name of the pharmacy and the pharmacy contact information. The patient will be instructed to contact his/her doctor for prescriptions and then to contact the pharmacy to make sure they have everything they need.
- (4) Once the pharmacy has received prescriptions for the patient and it has been determined that there is no problem with the insurance, the pharmacy can fill those prescriptions and bill the insurance company their portion and ADAP for the patient's portion. *ADAP can only be billed after insurance has paid their portion or the insurance portion has been determined.*
 - (a) Reimbursements can only be made for medications on the SC ADAP Formulary.
 - (b) Required billing information includes: patient name, date of service, prescription number, name of medication, strength, NDC code, quantity

prescribed, number of days supplied, name of prescribing physician, prescription price, copay amount, and the pharmacy name, address and phone #.

- (c) Billing Requests: A separate Pharmacist Statement is required on each patient. It will not be necessary to send a separate invoice or to include the actual prescription tickets.
 - (d) If there is a problem or question about the patient's insurance, prescriptions should not be filled without contacting ADAP. Doing so may jeopardize reimbursement of those medications.
 - (e) ADAP should be billed on a monthly basis.
- (5) Reimbursement requests will be processed within 45-60 days of receipt, depending on staff availability. It will then take an additional 2-3 weeks to receive a check. *Please note that the state does not pay late fees, interest, or penalties on overdue accounts.*

2. Insurance Continuation Patients

a. Reimbursement of Copay

Reimbursement of copay for Insurance Continuation patients will be the same as outlined in Section 1 above.

b. Reimbursement of Premium to Consortium

- (1) After a patient has been approved for the Insurance Continuation Program, ADAP may contact the agency making the premium payments to confirm billing arrangements.
- (2) An acceptance letter will be mailed/e-mailed to the Consortium only.
- (3) The agency making premium payments can then invoice ADAP for reimbursement. The billing start date is the date of acceptance into ADAP, as is indicated in the acceptance letter.
- (4) Two invoices per patient are required:

- (a) The first invoice should be on Consortium letterhead and must include the patient's name, dates of service, payment amount, total amount being billed, and the contract number.
- (b) The second invoice should not contain the patient's name or any other identifying information. All other information on the invoices should be the same.

c. Reimbursement of Premium to Consortium through 3rd Party Billing

The following Providers must arrange reimbursement of premium payments through 3rd party billing: Edisto, Lower Savannah, Midlands, and Trident.

- (1) After a patient has been approved for the Insurance Continuation Program, the patient will receive an acceptance letter instructing him/her to call SC ADAP to arrange for coverage. At this time, ADAP will confirm all necessary information is in the patient's file and, if not, will request necessary information from the patient before proceeding with payment arrangements.
- (2) Once the required information is in the patient file, ADAP will contact the pre-arranged 3rd party billing agency, giving them the patient name, date of birth, and social security number. ADAP will then fax the appropriate insurance information along with an Insurance Premium Notification form to the billing agency. The Insurance Premium Notification form outlines pertinent patient information, such as name, address, monthly premium amount, payment due date, and special notes. The patient's Consortium will also receive a copy of the acceptance letter and a copy of the Insurance Notification form.
- (3) ADAP will then contact the patient instructing him/her to contact the billing agency to verify they have all the necessary insurance information and to make final payment arrangements. For example, will the patient mail or fax a monthly statement for payment or will the billing agency automatically make the payment? This information must be worked out between the patient and the billing agency.

- (4) The 3rd party billing agency making premium payments on behalf of the Consortium can then invoice the Consortium who will then invoice SC ADAP for reimbursement.
- (5) Two invoices per patient are required:
 - (a) The first invoice, on business letterhead, should contain the patient's name, dates of service, payment amount, and the total amount being billed.
 - (b) The second invoice should not contain the patient's name or any other identifying information. All other information on the invoices should be the same.
- (6) Reimbursement requests will be processed within 45-60 days of receipt, depending on staff availability. It will then take an additional 2–3 weeks to receive a check. *Please note that the state does not pay late fees, interest, or penalties on overdue accounts.*

Mail all reimbursement requests to:

Patti Sullivan
STD/HIV
Box 101106
Columbia, SC 29211
Phone: 803-898-0214
Secure Fax: 803-898-7683

APPENDICES

SC ADAP Formulary
As of November 21, 2003

Abacavir (Ziagen)

Abacavir, Lamivudine, Zidovudine (Trizivir)

Acyclovir (Zovirax – generic only)

Amitriptyline (Elavil – generic only)

Amprenavir (Agenerase)

Atazanavir (Reyataz)

Atovaquone (Mepron)

Azithromycin (Zithromax)

Bupropion (Wellbutrin)

Citalopram (Celexa)

Clarithromycin (Biaxin)

Clindamycin (Cleocin – generic only)

Clotrimazole (Mycelex)

Dapsone

Delavirdine (Rescriptor)

Didanosine (ddI, Videx/Videx EC)

Efavirenz (Sustiva)

Emtricitabine (Emtriva)

Enfuvirtide (Fuzeon) ***

Ethambutol (Myambutol – generic only)

Famciclovir (Famvir)

Fluconazole (Diflucan)

Fluoxetine (Prozac – generic only)

Fosamprenavir (Lexiva)

Indinavir (Crixivan)

Itraconazole (Sporanox)

Ketoconazole (Nizoral)

Lamivudine (3TC, Epivir)

Lamivudine, Zidovudine (Combivir)

Leucovorin

Nefazodone (Serzone)

Lopinavir, Ritonavir (Kaletra)

Mirtazapine (Remeron – generic only)

Nelfinavir (Viracept)

Nevirapine (Viramune)

Nystatin (Mycostatin – generic only)

Paroxetine (Paxil)

Primaquine

Pyrimethamine (Daraprim)

Rifabutin (Mycobutin)

Ritonavir (Norvir)

Saquinavir (Invirase)

Saquinavir (Fortovase)

Sertraline (Zoloft)

Stavudine (d4T, Zerit)

Sulfadiazine

Tenofovir (Viread)

TMP-SMX DDS (Bactrim/Septra – generic only)

Trazodone (Desyrl – generic only)

Valacyclovir (Valtrex)

Valganciclovir (Valcyte)

Venlafaxine (Effexor)

Zidovudine (AZT, Retrovir)

Anti-retrovirals are in bold

***** Requires prior authorization. Please contact Central Pharmacy for application information.**

2003
South Carolina
ADAP Sliding Fee Scale

Fam size	Scale 1 >550% Pt pays 100%	Scale 2 >500% & ≤550% Pt pays 80%	Scale 3 >450% & ≤500% Pt pays 60%	Scale 4 >400% & ≤450% Pt pays 40%	Scale 5 >350% & ≤400% Pt pays 25%	Scale 6 >300% & ≤350% Pt pays 10%	Scale 7 ≤300% Pt pays 0%	2003 Fed Pov Guideline
1	≥ \$ 49,391	\$ 44,901 - \$ 49,390	\$ 40,411 - \$ 44,900	\$ 35,921 - \$ 40,410	\$ 31,431 - \$ 35,920	\$ 26,941 - \$ 31,430	≤ \$ 26,940	\$8,980
2	≥ \$ 66,661	\$ 60,601 - \$ 66,660	\$ 54,541 - \$ 60,600	\$ 48,481 - \$ 54,540	\$ 42,421 - \$ 48,480	\$ 36,361 - \$ 42,420	≤ \$ 36,360	\$12,120
3	≥ \$ 83,931	\$ 76,301 - \$ 83,930	\$ 68,671 - \$ 76,300	\$ 61,041 - \$ 68,670	\$ 53,411 - \$ 61,040	\$ 45,781 - \$ 53,410	≤ \$ 45,780	\$15,260
4	≥ \$ 101,201	\$ 92,001 - \$ 101,200	\$ 82,801 - \$ 92,000	\$ 73,601 - \$ 82,800	\$ 64,401 - \$ 73,600	\$ 55,201 - \$ 64,400	≤ \$ 55,200	\$18,400
5	≥ \$ 118,471	\$ 107,701 - \$ 118,470	\$ 96,931 - \$ 107,700	\$ 86,161 - \$ 96,930	\$ 75,391 - \$ 86,160	\$ 64,621 - \$ 75,390	≤ \$ 64,620	\$21,540
6	≥ \$ 135,741	\$ 123,401 - \$ 135,740	\$ 111,061 - \$ 123,400	\$ 98,721 - \$ 111,060	\$ 86,381 - \$ 98,720	\$ 74,041 - \$ 86,380	≤ \$ 74,040	\$24,680
7	≥ \$ 153,011	\$ 139,101 - \$ 153,010	\$ 125,191 - \$ 139,100	\$ 111,281 - \$ 125,190	\$ 97,371 - \$ 111,280	\$ 83,461 - \$ 97,370	≤ \$ 83,460	\$27,820
8	≥ \$ 170,281	\$ 154,801 - \$ 170,280	\$ 139,321 - \$ 154,800	\$ 123,841 - \$ 139,320	\$ 108,361 - \$ 123,840	\$ 92,881 - \$ 108,360	≤ \$ 92,880	\$30,960

Sliding fee scale for multiple household members receiving ADAP

Fam size	Scale 1 >650% Pt pays 100%	Scale 2 >600% & ≤650% Pt pays 80%	Scale 3 >550% & ≤600% Pt pays 60%	Scale 4 >500% & ≤550% Pt pays 40%	Scale 5 >450% & ≤500% Pt pays 25%	Scale 6 >400% & ≤450% Pt pays 10%	Scale 7 ≤400% Pt pays 0%	2003 Fed Pov Guideline
2	≥ \$ 78,781	\$ 72,721 - \$ 78,780	\$ 66,661 - \$ 72,720	\$ 60,601 - \$ 66,660	\$ 54,541 - \$ 60,600	\$ 48,481 - \$ 54,540	≤ \$ 48,480	\$12,120
3	≥ \$ 99,191	\$ 91,561 - \$ 99,190	\$ 83,931 - \$ 91,560	\$ 76,301 - \$ 83,930	\$ 68,671 - \$ 76,300	\$ 61,041 - \$ 68,670	≤ \$ 61,040	\$15,260
4	≥ \$ 119,601	\$ 110,401 - \$ 119,600	\$ 101,201 - \$ 110,400	\$ 92,001 - \$ 101,200	\$ 82,801 - \$ 92,000	\$ 73,601 - \$ 82,800	≤ \$ 73,600	\$18,400
5	≥ \$ 140,011	\$ 129,241 - \$ 140,010	\$ 118,471 - \$ 129,240	\$ 107,701 - \$ 118,470	\$ 96,931 - \$ 107,700	\$ 86,161 - \$ 96,930	≤ \$ 86,160	\$21,540

Sources of Income: Income to be considered in determination of co-payment is defined as money from all sources “before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds.” It includes the following:

Salaries	Tips
Wages	Business Profits
Public Assistance	Rents, Interest, Dividends
Sick Pay	Scholarships
Royalties and Commissions	Child Support
Alimony	Workers’ Compensation
Net earnings from self employment	Pensions
Unemployment Compensation	Annuities
Veteran’s Benefits	Help from relatives and others
Social Security cash benefits	Gambling/Lottery winnings

Income **does not** refer to the following money receipts: capital gains, assets withdrawn from a bank; sale of property, house or car; tax refunds; gifts; loans; lump-sum inheritances; one-time insurance payments. Compensation for an injury should not be included as income unless it is received for treatment that a DHEC program is providing. The value of food and fuel produced and consumed on farms and the imputed value of rent from owner-occupied housing would also be exempt when computing a client’s income.

Determining Household: For SC ADAP eligibility purposes, households are defined only as the patient, the patient’s spouse, dependent children or adult dependents.

* Based on 2003 Federal Poverty Guidelines

HIV DRUGS STOCKED IN CENTRAL PHARMACY AND THEIR USUAL DOSAGE

Nucleoside Reverse Transcriptase Inhibitor Antiretrovirals

- Combivir** (Epivir [3TC, Lamivudine]/Retrovir [AZT, Zidovudine] – Glaxo SmithKline) 150mg + 300mg Tablets
Take One Tablet Twice a Day (Every 12 Hours) with or without food.
- Emtriva** (FTC, Emtricitabine - Gilead) 200mg Capsules
Take One Capsule daily with or without food.
- Epivir** (3TC, Lamivudine – Glaxo SmithKline) 150mg Tablets
Take One Tablet Twice a Day (Every 12 Hours) with or without food.
(Also Epivir Syrup)
- Retrovir** (AZT, Zidovudine – Glaxo SmithKline) 100mg Capsules and 300mg Tablets
Take One 300mg Tablet Twice a Day (Every 12 Hours). Take Two 100mg Capsules 3 Times a Day. (Also stock AZT Syrup) (May be taken with or without food)
- Trizivir** (Ziagen [Abacavir]/Epivir [3TC, Lamivudine]/Retrovir [AZT, Zidovudine] – GlaxoSmithKline) Tablets
Take One Tablet Twice a Day (Every 12 Hours) with or without food.
(Not for patients weighing <40kg or creatinine clearance < 50ml/min)
- Videx EC** (ddI, Didanosine Enteric Coated Capsules – Bristol-Myers Squibb) 400mg, 250mg, 200mg, & 125mg.
All are taken Once Daily on an Empty Stomach. (Also 100mg, 200mg, 150mg, 50mg, and 25mg Tablets, 4gm Suspension and 250mg Powder Packets)
- Zerit** (d4T, Stavudine – Bristol-Myers Squibb) 40mg Capsules
Take One Capsule Twice a Day (Every 12 Hours). (Also Stock 20mg & 30mg Capsules & Zerit Oral Solution) May be taken with or without food.
- Ziagen** (Abacavir – Glaxo SmithKline) 300mg Tablets
Take One Tablet Twice a Day (Every 12 Hours) with or without food.
(Also Ziagen Solution)

Nucleotide Reverse Transcriptase Inhibitor Antiretrovirals

- Viread** (Tenofovir – Gilead Sciences) 300mg Tablets
Take One Tablet Daily With Food.

Non-Nucleoside Reverse Transcriptase Inhibitor Antiretrovirals

- Rescriptor** (Delavirdine – Pharmacia) 100mg Tablets
Dissolve four 100mg tablets in Water and Drink three times a day.
(Also 200mg Tablets)
- Sustiva** (Efavirenz – Bristol-Myers Squibb) 200mg Capsules and 600mg Tablets
Take Three 200mg Capsules at Bedtime.
Take One 600mg Tablet at Bedtime on an Empty Stomach.
- Viramune** (Nevirapine – Boehringer Ingelheim) 200mg Tablets
Take One Tablet Daily for 14 Days, then Take One Tablet Twice a Day.
(Also stock Viramune Oral Susp.) Alternate dose: Take 1 tablet daily for 14 days, then take two tablets once daily thereafter. (With or Without Food)

Fusion Inhibitors

- Fuzeon** (enfuvirtide for injection – Roche-Trimeris) Inject 90mg Subcutaneous twice daily – (usually the abdomen, upper arm, or the anterior aspect of the thigh. (Use with an optimized regimen of HAART)

Protease Inhibitors

Agenerase	(Amprenavir – Glaxo SmithKline) 150mg Capsules Take Eight Capsules Twice a Day. (Also Stock Agenerase Oral Solution)
Crixivan	(Indinavir – Merck) 400mg Capsules Take Two Capsules Every 8 Hours on an Empty Stomach, One Hour Before or 2 Hours After Meals, Drink Plenty of Water. (Also Stock 200mg Capsules)
Fortovase	(Saquinavir – Roche) 200mg. Soft-Gel Capsules Take Six 200mg Caps 3 times a Day With a Meal or Within 2 hrs of a Meal. (Or 8 Caps Twice Daily)
Invirase	(Saquinavir – Roche) 200mg. Hard-Gel Capsules Take Three 200mg Capsules 3 Times a Day 30 Minutes After a Full Meal.
Kaletra	(Lopinavir/Ritonavir – Abbott) 133.3mg/33.3mg per Capsule Take Three Capsules Twice a Day With Food. (Also Stock Kaletra Oral Solution – Take 5ml Twice Daily.)
Lexiva	(fosamprenavir- Glaxo SmithKline) 700mg Tablet Take Two Tablets Twice daily with or without food. Boosted dose: Take One Tablet twice daily plus 100mg Ritonavir twice daily. Boosted dose: Take Two Tablets daily plus 200mg Ritonavir daily (not recommended for experienced patients)
Norvir	(Ritonavir – Abbott) 100mg Capsules Take Six Capsules Twice a Day With Breakfast and Supper. (Also Stock Norvir Oral Solution)
Reyataz	(Atazanavir Sulfate – Bristol-Myers Squibb) 100mg, 150mg, 200mg Capsules Naïve Patients - Take Two 200mg Capsules once daily with food. – Use boosted dose with Viread and Sustiva. Experienced Patients – Take Two 150mg Capsules once daily with food along with 100mg of Norvir daily.
Viracept	(Nelfinavir – Agouron-Pfizer) 250mg Tablets Take Five Tablets Twice a Day With a Meal or Light Snack. (May also Take 3 Tablets 3 Times a Day) (Also Stock Viracept Oral Powder)

**ANTIDEPRESSANTS STOCKED IN CENTRAL PHARMACY & THEIR USUAL
DOSAGE**

Amitriptyline	(Generic Elavil-Merck) 50mg Tablets Take One or Two Tablets at Bedtime.
Celexa	(Citalopram – Forest Pharmaceuticals) 10mg, 20mg, 40mg Tablets Take One Tablet Daily.
Effexor	(Venlafaxine – Wyeth Laboratories) 75mg Tablets Take One Tablet Twice Daily With Food.
Fluoxetine	(Generic Prozac – Dista) 20mg Tablets, 40mg Capsules Take One 20mg Tablet Daily. Take One 20mg Tablet in the morning and One 20mg Tablet in the Evening. Take One 40mg Capsule Daily.
Paxil	(Paroxetine – Glaxo SmithKline) 10mg, 20mg, 30mg, 40mg Tablets Take One Tablet Daily.
Serzone	(Nefazodone – Bristol-Myers Squibb) 150mg Tablets Take One Tablet Twice Daily With Food.
Trazadone	(Generic Desyrel – Apothecon) 50mg Tablets Take One or Two Tablets at Bedtime With Food.
Wellbutrin	(Bupropion- Glaxo Smithkline) 100mg, 100mg SR, 150mg SR Tablets Take One Tablet Twice Daily.
Zoloft	(Sertraline – Pfizer) 50mg & 100mg Tablets Take One Tablet Daily.

Last Updated 4/30/02

Opportunistic Disease Pharmaceuticals Stocked in Central Pharmacy & Their Usual Dosage

PCP

Clindamycin 150mg Capsules
Take One 150mg Capsule Four Times a Day.
Dapsone 100mg Tablets
Take One 100mg Tablet Every Day. (Also Stock 25mg Tablets)
Mepron (Atovaquone – Glaxo SmithKline) 750mg/5ml Suspension
Take Two Teaspoonfuls Once Daily With Food.
Primaquine 26.3mg Tablets
Take One 26.3mg Tablet Daily for 14 Days.
TMP-SMX DS Tablets (800 Sulfamethoxazole and 160mg Trimethoprim)
(Generic Bactrim – Roche or Septra – Glaxo SmithKline)
Take One Tablet Daily (Also Stock TMP-SMX Suspension 10mg/ml)

Fungus

Diffucan (Fluconazole – Pfizer) 100mg Tablets
Take One 100mg Tablet Every Day. (Also Stock 50mg, 150mg, 200mg Tablets and Oral Suspensions)
Mycelex (Clotrimazole – Bayer) 10mg Troches
Dissolve One 10mg Troche Slowly in Mouth 5 Times a Day for 14 Days.
Nystatin 100,000 Units/ml Oral Suspension
Swish One Teaspoonful in Mouth for 5 Minutes and Swallow, Four Times a Day.
Nizoral (Ketaconazole – Janssen) 200mg Tablets
Take One 200mg Tablet Every Day.
Sporonax (Itraconazole – Janssen) 10mg/ml Oral Solution
Vigorously Swish 10mg (100mg) in the Mouth for Several Seconds and Swallow.
Do This Twice a Day for 1 to 2 Weeks. Take on an Empty Stomach.

Virus

Famvir (Famciclovir – Glaxo SmithKline) 500mg Tablets
Take One Tablet Every 8 Hrs for 7 Days. (Also Stock 125mg and 250mg Tablets)
Valtrex (Valacyclovir – Glaxo SmithKline) 500mg Caplets
Take Two 500mg Caplets 3 Times a Day for 7 Days (Also Stock 1gm Caplets)
Acyclovir 400mg Tablets
Take One 400mg Tablet Twice a Day. (Also 200mg Capsules and 800mg Tablets)

MAC

Biaxin (Clarithromycin – Abbott) 500mg Tablets
Take One 500mg Tablet Every 12 Hours.
Myambutol (Ethambutol – Dura Pharmaceuticals) 400mg Tablets
Take Two 400mg Tablets Once Every 24 Hours. Do Not Use Alone.
Mycobutin (Rifabutin – Pharmacia) 150mg Capsules
Take Two Capsules Once Daily.
Zithromax (Azithromycin – Pfizer) 600mg Tablets
Take Two 600mg Tablets Once a Week. (Also Stock 250mg Tablets)

Toxoplasmosis

Leucovorin (Folinic Acid – Roxane) 10mg Tablets
Take One Tablet Every Day.
Daraprim (Pyrimethamine – Glaxo SmithKline) 25mg Tablets
Take 4 to 8 Tablets as a Loading Dose, Then Take 2 to 4 Tablets per Day.
Sulfadiazine 500mg Tablets
Take 2 to 3 Tablets Every 6 Hours (Four Times a Day)

CMV Retinitis

Valcyte (Valganciclovir – Roche) 450mg Tablets
Take Two 450mg Tablets Twice a Day for 21 Days, Then Take Two 450mg Tablets Once Daily.

Glossary

ADAP	AIDS Drug Assistance Program: A State-administered program authorized under Title II of the CARE Act that provides FDA-approved medications to low-income individuals with HIV disease.
ADAP Central Pharmacy	Centralized pharmacy where ADAP patients without insurance receive their medications. In certain cases, if a patient has health insurance with limited pharmacy benefits, he/she may be eligible to receive their drugs from Central Pharmacy. This includes a patient with a low financial cap on pharmaceutical benefits.
ADAP Insurance Assistance Program	<p>A two-part program for ADAP patients with health insurance that makes monthly premium payments, copays, and/or deductibles on behalf of a patient.</p> <p><u>Insurance Copay</u>: Pays out of pocket expenses, to include copays and deductibles for ADAP patients with health insurance with prescription benefits.</p> <p><u>Insurance Continuation</u>: Pays insurance/COBRA premiums for patients at risk for losing health insurance due to the inability to afford payments or for losing job/insurance benefits.</p>
Assets	<i>Used in determining financial eligibility for ADAP Insurance Continuation patients.</i> Counted assets must be less than \$10,000 and include: cash on hand, bank accounts, stocks, bonds, severance pay, and mutual funds.
Case Manager	<p><u>Referring Case Manager</u>: The nurse or social worker that will serve as ADAP's point of contact and be responsible for actively monitoring the progress and adherence of the patient.</p> <p><u>Case Manager if not the Referring Case Manager</u>: Usually a nurse or social worker that is only assisting in filling out the ADAP application for the patient and will not be responsible for adherence. In most cases, the application will be forwarded to the nurse or social worker who will actively monitor the patient.</p>
Copay	<i>Used for ADAP Central Pharmacy and ADAP Insurance Copay patients.</i> The amount the patient must pay for his/her HIV medications when the household income exceeds an established percent of the federal poverty guidelines, currently set at 300%.
Deductible	<i>Used for ADAP Insurance Copay patients.</i> The amount paid up front by the patient before insurance prescription benefits begin. The ADAP Insurance Copay program reimburses this amount.
Household	For ADAP eligibility purposes, household is defined only as the patient, the patient's spouse, dependent children, or adult dependents. If parents are providing total support and claim an adult dependent as a legal dependent and deduction on their income tax forms, then their income should be included.